ARIZONA DEPARTMENT OF WATER RESOURCES

Water Management Division 3550 North Central Ave, 2nd Floor Phoenix, Arizona 85012-2105 Phone (602) 771-8585 Fax (602) 771-8689

APPLICATION FOR UNDERGROUND STORAGE FACILITY PERMIT (A.R.S. § 45-811.01)

APPLICATION FEE \$ 750.00 DUE UPON FILING

PERMIT FEE OF \$ 500.00, PLUS NOTICE AND PUBLICATION FEES TO BE DETERMINED, WILL BE DUE PRIOR TO ISSUANCE OF PERMIT

FOR OFFICE USE ONLY	
Application No.:	
Date Received:	

PLEASE SUBMIT ONE ORIGINAL AND THREE COPIES OF THE COMPLETED APPLICATION AND ALL SUPPORTING MATERIALS

onstructed (anaged	C Modificat	und Storage Facility (. :
anaged		_	
	71		
		of USF permit no.:	
	/1		
	GENERAL INFORMATION		
Name of Applicant:			
Mailing Address	City	State	Zip
Contact Person:	Telephone:	Fax:	
NOTE: Pursuant to A.R.S. § 45-893.0		participate in State De	monstratio
Jame of Active Management Area or Irr	igation Non-Expansion Area where the fa	acility will be located:	
(If the facility is NOT	located within an AMA or INA, please	indicate "NONE.")	
lame of groundwater basin and subbasin	n where the facility will be located:		
	Mailing Address Contact Person: s this a State Demonstration Project? NOTE: Pursuant to A.R.S. § 45-893.0 Project program.) Name of Active Management Area or Irr (If the facility is NOT	Mailing Address City Contact Person: State Demonstration Project? NO NOTE: Pursuant to A.R.S. § 45-893.01, only Conservation Districts qualify to Project program.) Name of Active Management Area or Irrigation Non-Expansion Area where the facility is NOT located within an AMA or INA, please	Mailing Address City State Contact Person: State Demonstration Project? Yes NOTE: Pursuant to A.R.S. § 45-893.01, only Conservation Districts qualify to participate in State De

6.	Does the applicant own the land where the	facility is to be located? Yes No					
7.	The total design capacity of the facility:						
		(acre-feet to be stored over the duration of the USF permit)					
8.	The maximum annual amount of water proposed for storage at this facility:						
9.	Proposed duration of permit:						
	(years)						
10.	Type of source water to be stored:						
	c CAP Water c Efflu	ent C Decreed and Appropriative Surface Water					
	If Decreed and Appropriative Surface	Water, list river(s):					
11.	I agree under penalty of law to obtain any	required floodplain use permit from the county flood control district before					
	beginning any construction activities, as re-	quired by A.R.S. § 45-811.01(C)(4). C Agree C Disagree					
12.	For managed USFs where effluent will be stored only: Are you requesting that this facility be designated as a						
	facility that could add value to a national park, national monument or state park, as described in A.R.S. § 45-						
	811.01(D)?						
	c Yes c No						
	If yes, please submit a completed USF Permit Application Supplement to designate a Managed Underground Storage						
	Facility as one that could add value to a national park, national monument, or state park and all additional information						
	as described on the USF Permit Application Supplement.						
12							
13. For permit modifications only, give a brief description of the modification(s) requested by this application							
		SUPPORTING EVIDENCE					
		luded with this submittal. For a new USF application, all items must be					
		rect determination by the Department. For a modification to an existing to the modification. For a full description of these requirements refer to the					
	F Application Report in the USF Application						
14.	USF Site and Facility Characteristics:						
	C Site Characteristics	c Geology					
	C Facility Characteristics	○ Hydrogeology					
15.	Unreasonable Harm and Hydrologic Feasil	ility Analysis:					
	C Procedures and Results for Calculating	Maximum Area of Impact and Mounding Analysis					
	C Land and Water Use Inventory	C Unreasonable Harm Analysis C Monitoring Plan					
	C Water Quality	C Hydrologic Feasibility Conclusions C Operation and Maintenance					

Title	GNATURE, the applicant(s) named in this application, do hereby
I (We),	_, the applicant(s) named in this application, do hereby
Telephone Signature Title	
Telephone Signature Title	and statements made nerein are to the best of my (our)
Title	
Title	
	re of owner or authorized agent
Mailing Address	
	City State Zip
STATE OF ARIZONA)) ss.	
County of)	
Subscribed and sworn to before me this day of	
Notary Public	

My commission expires